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Improving the health of people with serious mental illness in 2009: Review and recommendations regarding health behaviors and antipsychotic medications for prescribers

Accumulating evidence has documented growing rates of cardiovascular disease and early mortality among people with serious mental illness (SMI): people with SMI are dying 10-25 years younger than those in the general population (1, 2). Why? People with SMI are experiencing the American epidemic of obesity and diabetes at a higher rate than the general public. These health problems most likely contribute to the development of cardiovascular disease and can be addressed with health behavior change. A variety of programs that address diet and exercise, including those that support patients by utilizing a health coach, have shown promise for helping patients eat healthier and be more active, leading to improvements in cardiovascular health (3, 4). ***Patients need education, encouragement and support to maintain or improve diet and exercise behaviors.***

The other likely cause of early morbidity and mortality in this group is their high rate of smoking. Patients with SMI need education and encouragement to quit smoking. New research has demonstrated that smoking cessation strategies work well in people with SMI, but they may need to be offered repeatedly before patients utilize them, and they may need to be utilized at higher doses or for longer periods of time than is typical in the general population (5). ***Nicotine replacement, bupropion, or varenicline in combination with support groups or behavioral quit strategies should be offered regularly to patients who smoke.***

Antipsychotic medications are an important part of the treatment of individuals with psychotic illnesses. Research demonstrates the ability of these medications to reduce a variety of illness symptoms and to improve functioning over time. Research has also accumulated demonstrating that antipsychotic medication efficacy and side effects appear to be unique to individual medications rather than defined by whether a medication belongs to the "first generation" or "second generation" class (6). Four recent government-funded studies evaluated recovery outcomes and side effects of second generation antipsychotics compared to first generation antipsychotics (7-10). This studies were controversial because they demonstrated that treatment with first generation antipsychotic medication resulted in similar improvements in symptoms, quality of life, and recovery as treatment using second generation medications (excepting clozapine, which is proven to be more effective for treatment resistant psychosis). This research is being considered by national leaders who are now revising recommendations for antipsychotic treatment strategies. Additionally, each antipsychotic medication has potential for a unique set of side effects (6). Thus the choice of an antipsychotic medication must involve consideration of each patient's values, preferences, and unique medical situation, as well as the prescriber's knowledge of the potential efficacy, side effects, and interactions of each particular

medication (11). ***Antipsychotic treatment should involve a discussion between the individual and his/her prescriber regarding potential health risks and mental health benefits of each medication treatment option during ongoing informed consent.***

The potential for some of the second generation antipsychotic medications (clozapine, quetiapine, olanzapine and risperidone) to cause weight gain, hypertriglyceridemia, insulin resistance and diabetes in a substantial number of patients who take them has been widely demonstrated (6). These side effects are not dose related and have been cause for great concern because these changes in metabolic function increase risk for cardiovascular disease and early mortality. Explicit recommendations delineate regular monitoring of cardiometabolic risk factors in patients taking antipsychotic medication (12). Once detected, a variety of strategies, including switching agents, can be used to address them (3, 4). ***First and second generation antipsychotic medications with lower rates of potential cardiometabolic side effects should be considered for treatment of patients with psychosis. Antipsychotic medication side effects must be monitored regularly following these American Psychiatric Associate/American Diabetes Association guidelines and addressed if they occur.***

Clinicians often utilize combination treatment with two or more antipsychotic medications in attempts to help patients control symptoms, manage side effects and improve functioning. However, recent analyses of blinded, controlled studies comparing combination treatment of patients with schizophrenia to treatment with one antipsychotic have demonstrated little benefit conferred by combination treatment (13, 14). Furthermore, combination treatment exposes patients to potential risks and side effects related to two medications rather than just one. Treatment guidelines do not recommend combination treatment as a long-term strategy (15) unless the patient has treatment resistant symptoms that have failed multiple approaches, including clozapine (16). ***People with treatment-resistant psychosis should be provided evidence-based strategies, such as clozapine.***

Based on the current state of knowledge, the following are recommended:

1. Engage and support patients in proactive healthy diet and exercise behaviors.

2. Address smoking status on a regular basis. Offer support, referral and treatment for smoking cessation.

3. Discuss and weigh potential health risks and mental health benefits of each medication treatment option with patients (and their family/support person if desired).

4. When prescribing antipsychotic medication, systematically monitor patients for cardiometabolic status at APA-recommended intervals.

5. Utilize antipsychotic monotherapy (one antipsychotic medication rather than combination treatment with two or more agents) unless psychosis symptoms do not respond to evidence based treatment strategies (including clozapine) and the combination confers clear benefits that outweigh the potential risks (including cardiometabolic risks).

A review of the literature and discussion by experts occurred a recent conference *Update on Antipsychotics* and can be viewed at http://www.dhslides.org/psych/default.asp.

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